

L14 000 173716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

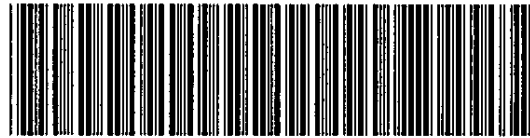
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500269709595

02/23/15--01007--019 **25.00

FILED
15 FEB 23 AM 9:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAR 04 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: African Elite Entertainment
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Uluchi Obiesie

Name of Person

African Elite Entertainment

Firm/Company

2530 N.W. 131st Street

Address

Miami, FL 33167

City/State and Zip Code

Uluchi.S.Obiesie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Uluchi Obiesie

Name of Person

at (305) 332-0359

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

African Elite Events, LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

FILED

☐ Remove
18 FEB 23 AM 9:1
☐ Add
☐ move

STATE OF FLORIDA
TALLAHASSEE

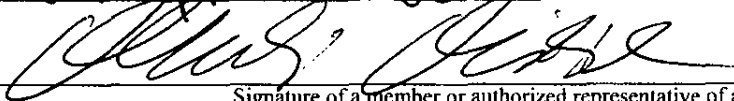
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

February 18, 2015



Signature of a member or authorized representative of a member

Oluchi Obiesie

Typed or printed name of signee